NOVA SCOTIA
Health
Research
FOUNDATION

From Laboratories to Communities: Strengthening Collaborative Health Research in Nova Scotia

Summary of the
Workshop on Collaborative Health Research
for the Nova Scotia Health Research Foundation

Prepared by Lesley Poirier, Workshop Coordinator

Halifax, Nova Scotia
January 30, 2001

This workshop was organized by the Maritime Centre of Excellence for Women's Health

It takes a village
to build a research program.

Patrick J. McGrath

Published by:
Nova Scotia Health Research Foundation
P.O. Box 488 / 1690 Hollis Street, 9th Floor
Halifax, Nova Scotia B3J 2R8
Voice: (902) 422-3279
Fax: (902) 424-7753
Email: info@nshrf.ca Website: www.nshrf.ca

102-03542/

Halifax, Nova Scotia
January 30, 2001

Table of Contents

1. Summary 1
2. Message from Nova Scotia Health Research Foundation 2
3. The NSHRF Grants Process 4
4. Panel Presentations: Challenges and Opportunities for Improving Nova Scotians' Health 6
5. Collaborative Health Research: Definitions and Barriers 12
6. Small Group Workshop Sessions 14
7. Workshop Highlights and Recommendations 15

Appendices

1. Media Release and newsletter artile 19
2. Workshop Participants 20
3. Workshop Agenda 24
4. Evaluation Form 26
5. Speaker Biographical Information 28
6. Small Group Activity Scenario 30
7. Coping as a Communal Process – Abstract 31
8. Additional Resources 32

Summary

On January 30, 2001, the Nova Scotia Health Research Foundation held an invitational workshop with over 70 researchers from across Nova Scotia health research communities, including academic researchers, policy researchers and community-based research. (See Appendix 1: Media Release, Appendix 2: Participant List, Appendix 3: Agenda).

The goal of the workshop was to enhance and improve the health of Nova Scotians by fostering collaborative research.

Organized by the Maritime Centre of Excellence for Women's Health, the workshop objectives included:

Objective 1:

Participants will obtain information about the Nova Scotia Health Research Foundation as an example of one of several research funding agencies.

Objective 2:

Participants will learn strategies for collaborative health research.

Objective 3:

Participants will learn about what funding agencies look for when reviewing a proposal.

Objective 4:

Participants will be able to understand grant proposal procedures.

Objective 5:

Participants will develop an appreciation about some of the key components of a research application.

Objective 6:

Participants will obtain information and tips from successful researchers.

The workshop program used a variety of formats to meet these objectives. Krista Connell, Executive Director, Nova Scotia Health Research Foundation (NSHRF) summarized the NSHRF's programs and application procedures. This presentation was followed by a panel of successful collaborative health researchers discussing aspects of the collaborative research process. Small group interactive activities encouraged rich discussions about the challenges and opportunities for collaborative health research in Nova Scotia. These activities also provided participants with an opportunity to receive and exchange information about some aspect of collaborative research or skill development.

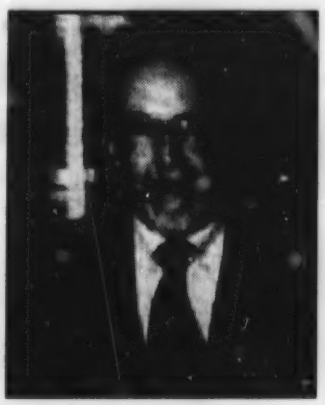
Participants who completed evaluation forms indicated that the workshop successfully met and exceeded its objectives (Appendix 4). Participants enjoyed the format of the day including the panel presentations, small group interactive discussions and hands-on activities. They expressed interest in attending more workshops in the future.

Message from the Nova Scotia Health Research Foundation

Remarks by Dr. Hugh Gillis, Chair

Research is the cornerstone of progress. It is the foundation upon which we build efficient health care systems, develop comprehensive health care policies and discover more effective medical treatments. But research does not happen randomly. It is not an ad hoc activity. It requires planning and partnership. It requires collaboration and creativity.

I'm proud to say that the Nova Scotia Health Research Foundation is an active partner in the province's growing research community. The Foundation grew out of concerns voiced by people like you– researchers, government representatives, educators and community groups–that Nova Scotia was "severely disadvantaged" in its ability to compete nationally for research dollars and to build a strong support system for decision-making in this area.



Dr. Gillis is Chair of the Foundation's Board of Directors. In this capacity, he provides effective liaison between the Board and the Foundation's Executive Director and is instrumental in facilitating policy development for the organization.

Recently Dr. Gillis served as Academic Vice President of St. Francis Xavier University for five years, where he is also a member of the Department of Chemistry. Prior to joining the Antigonish-based university, he was a Senior Research Officer with the National Research Council in Halifax (see Appendix 5).

In 1996, the Health Research Task Force recommended that a health research foundation operating at arm's length from the government be established – as an act of the provincial legislature. We stand before you today.

The Health Research Foundation Act (Bill 22) received Royal Assent on December 3, 1998 and was proclaimed on January 1, 2000. Bill 22, aptly entitled An Act to Establish the Nova Scotia Health Research Foundation, created for the first time in this province an organization devoted exclusively to promoting and supporting–financially and otherwise–health research in Nova Scotia.

Our reason for being is simple but substantive: to assist, collaborate with, and fund individuals and organizations conducting health research in Nova Scotia. We support research initiatives in four key areas: 1) Medical Research, which includes basic scientific and biomedical research, as well as clinical and epidemiological investigations; 2) Health Outcomes Research, which involves research into changes in the health status of populations as a result of implementing health programs and services; 3) Health Services Research, which delves into the efficiency and effectiveness of the management, organization, and delivery of health services; and 4) Health Policy Research, which assesses the impact of social factors, allocation of resources, legal and ethical issues, and the administration, organization, and financing of health care.

This varied spectrum of activities reflects our belief that research does not just happen in a laboratory. It happens in communities, with the direct involvement of members of those communities.

This inclusive review of health research grows directly out of Nova Scotia's Health Goals, which have defined health as the capacity to function optimally and to achieve well-being. This expanded and globally accepted definition of health has

renewed support for expanding the scope of health research in order to investigate broader areas of health concern and utilize more diverse methods of inquiry in health research.

We have a long way to go to building a vibrant, sustainable research community in Nova Scotia. Indeed, the Health Research Task Force that recommended the establishment of a provincial health research foundation noted in its report to government that, "Health research in Nova Scotia is severely disadvantaged at present. The lack of provincial funding limits Nova Scotia's capacity to compete nationally and to build a strong support system for decision-making. Although significant pockets of research excellence exist, there is no coordinated mechanism to support health research.

Funded health research activity in the province is significantly below that of other provinces of similar size. Our universities do not have access to provincial funds for direct support of research. With relatively small grants, researchers in other provinces can develop and refine new research methodologies to allow them to successfully compete nationally and internationally for health research funding. Our lack of competitiveness with other jurisdictions is due, in part, to an inadequate infrastructure to support research.

We are working with you, your colleagues and your communities to change this situation. There is no doubt that Nova Scotia's research community has the skills, the ideas and the innovation to build a world-class research environment that will enable us to enhance our health care system, develop policies that work–for everyone in the system– and uncover newer, more effective treatments for all that ails us.

Thank you.

The Nova Scotia Health Research Foundation is legislated to support health research in the broadest sense and will:

- Identify health research priorities through consultation and communication with government, health boards, organizations, institutions and individuals;
- Allocate funds to support the province's health-research priorities and capacity development, including the retention of skilled personnel;
- Establish a peer review system, including, where appropriate, peers who reside outside of Nova Scotia to ensure that scientific and ethical standards are maintained in awarding all grants;
- Communicate research findings regularly to a diverse and wide array of audiences;
- Establish a forum of interaction among health-care researchers and those who apply the findings; and
- Actively seek both private and public money to support health research in this province.

The NSHRF Grants Process

Ms. Krista Connell, Executive Director

Krista Connell provided a summary of the application process for NSHRF research funds. Full details were distributed in NSHRF folders and can be found on the NSHRF website (www.nshrf.ca). Detailed information, including background information on the NSHRF, the Call for Proposals, and application forms was provided to all workshop participants.

The presentation summarized the review criteria for funding decisions including: 1) academic excellence, 2) merit of the proposal, 3) the need for funds, and 4) relevance of the proposal.

1) Academic Excellence

NSHRF defines academic excellence in terms of the knowledge and expertise of *all* the applicants, not simply the accomplished academic researcher. The past or potential contributions to, and impact on, the proposed and other areas of research is also considered. As well, the importance of contributions to, and use by, other researchers and end users is a component of academic excellence. Emphasis is placed on the research team and not simply the lead applicant. The complementarity of expertise of the members of the group is also an important consideration for NSHRF.

Ms. Connell is the first Executive Director of the Nova Scotia Health Research Foundation. In this capacity, she is charged with guiding and developing the organization so that its strategic objectives are met and providing the leadership and direction that will ensure the effective and efficient operation of the Foundation (see Appendix 5).

2) Merit of the Proposal

Each proposal is reviewed according to the originality and innovation of the proposed research. The significance and expected outcomes of the research is a component of merit. The clarity and scope of objectives, and the extent to which the scope of the project addresses all relevant issues including the need for varied expertise within or across disciplines is also reviewed. The reviewers also consider the feasibility of the proposed research.

3) Need for Funds

NHSRF carefully reviews the appropriateness and justification of the budget. Reviewers consider the availability of other sources of funding. The special needs related to the nature of collaborative activities or infrastructure costs such as user fees are considered.

Application Details

The **application process** involves 4 components including:

- Part I: Information and budget
- Part II: Details of the research proposal
- Part III: CV
- Part IV: Ethics approval.

Deadline: May 1st, 2001 Operating grants, and personnel grants.

For further details, see Research Programs Guide (www.nshrf.ca).

4) Relevance

Reviewers put considerable weight on the extent to which a proposal meets the objectives of the NSHRF, including:

- To build and sustain excellence in a full range of health research in Nova Scotia.
- To foster health research as a foundation of health care, health education and health policy in Nova Scotia.
- To create and maintain a vibrant environment for research in the training of health professionals and health research investigators.
- To foster partnerships in health research among disciplines and across institutions.
- To support research which has the potential to increase economic activity.
- To support research that addresses the health issues of importance to Nova Scotians.

Two Review Committees

The Nova Scotia Health Research Foundation has a peer review committee for biomedical research, and another for policy, health services and health outcomes research.

At the time of the workshop, there was a call for reviewers from within and outside Nova Scotia from universities, health centres, and charities.

Types of Funding

There are four types of funding available from the Nova Scotia Health Research Foundation:

1) health-services research,
2) health outcomes research,
3) health public-policy research, and
4) biomedical research.

Panel Presentations:

Challenges and Opportunities for Improving Nova Scotians' Health

Chair, Carol Amaratunga, PhD

Carol Amaratunga described the recent success of Nova Scotia researchers in collaborative health research and mentioned that some of the panelists were recent recipients of national collaborative health researcher awards by the Canadian Institutes for Health Research (Community Alliance for Health Research Program). She noted three of the 19 national awards were granted to Nova Scotia researchers. This is good news for Nova Scotians' health and well-being because previously Nova Scotia has secured only a minimal amount of federal agency research funding.

Dr. Carol Amaratunga, Executive Director, Maritime Centre of Excellence for Women's Health and member of the NSHRF Board.

MCEWH has recently been awarded $1.7 M from CIHR for "A Healthy Balance: A Community Alliance for Heath Research on Women's Unpaid Caregiving in Nova Scotia."

Patrick J. McGrath, Ph.D, Dalhousie University and IWK Grace Health Centre It takes a village to make a research project.

Patrick McGrath made a presentation (excerpted below) about the similarities a research program shares with a village.

There are many different types of villages, with different structures including loose assemblies of homes, businesses and even farms. Some villages are within established urban centres, some are free standing in the country side. Sizes of villages vary considerably.

Likewise there are different kinds of research projects also with different structures including loose assemblies of individuals (investigators, collaborators, and participants). There are projects that are part of larger projects, and those that are free standing. There are large monster projects (e.g., $3 million projects) and small projects that are $3000 projects. Big projects are not better than small projects- small projects are more efficient while larger projects are needed to address complex issues.

Leadership in villages and research projects can vary from formal leaders (i.e. mayors and principal investigators) to informal leaders (i.e. the individual who takes the initiative to undertake the task at hand). Different aspects of projects require different leaders; leadership needs may change over time. There is no single 'right' type of leadership. Some qualities of good leaders vary with the village and its needs. Leaders may need to be more or less directive, lead by inspiration, or be prepared to get

their hands dirty. Often the best leaders are those who appear not to lead. Everyone benefits from a good leader.

Villages do not spring up overnight. Many take years to take hold, often grow from small to large and may result from hard work and good planning. The structure for a small village is different than a large village.

Disasters occur in villages. There are many potential risks in villages, e.g. the economic engine leaves town, bad management results in bankruptcy, lack of varied population structure, limited vision, lack of flexibility, or poor planning. Natural disaster can occur despite risk management.

Some villages and projects die, some continue unchanged and some grow and develop. Some produce 'good' products, some have the 'right' environment and have 'good' leadership and the 'right' demographic structure.

Good products emerging from projects and depends on the project itself. Some products include research papers, new grants, or changes in policy resulting from public education.

The right environment has a major impact on research projects. A good work environment will increase the retention of staff, increase productivity, provide a learning environment for students, investigators and the community.

Finally, the demographics of project groups contributes to the success of research projects. Projects can include staff, junior and senior academics, students and post doctoral students, and community participants. The ideal mix of these groups will depend on the type of project. The goal is to achieve a balance of experienced and fresh participants in a research project.

Dr. Patrick McGrath is Professor of Psychology, Pediatrics, Psychiatry and Biomedical Engineering at Dalhousie University and a psychologist at the IWK Health Centre Pain Service in Halifax Nova Scotia. He is currently supported by a Canadian Institutes of Health Research Distinguished Scientist Award.

He has been recently awarded $1.9M for a CAHR project, "Family help community alliance for health research: Research driven, primary mental health care for children and adolescents."

Dr. Ingrid Sketris, CHSRF/CIHR Chair in Health Services and Nursing Research - Developing and Applying Drug Use Management Strategies and Policies for Nova Scotia's Provincial Drug Programs

Dr. Ingrid Sketris introduced and described the Chair that she was awarded in June 2000 from the Canadian Health Services Research Foundation (CHSRF)/Canadian Institutes for Health Research (CIHR). Co-sponsored by the Nova Scotia Health Research Foundation (NSHRF), the award is valued at $1.1 million for three years and is renewable for a further seven years, subject to an interim evaluation. This is one of only 12 such Chairs across Canada, the only one in the Atlantic region, and the only one to focus on pharmaceutical policy and utilization management.

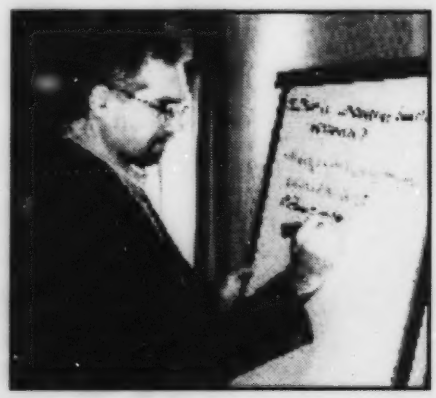
The uniqueness of the CHSRF/CIHR Chairs, she explained, stems from their emphasis on faciliating and maximizing the uptake of research results by

Research uptake methods include:

- educating graduate students in an interdisciplinary environment,
- mentoring junior faculty or faculty moving into the health field,
- facilitating student residency placements in government departments and health organizations, and
- encouraging linkages across sectors and organizations to promote the goals of the Chair.

health policy and program decision makers in both the government and the health care system.

Under the direction of a board chaired by Dr. Lynn McIntyre, Dalhousie's Dean of Health Professions, Dr. Sketris is developing a strategic plan for her Chair. Emphasizing multidisciplinary and applied health services research, the planning process has involved people from various sections of the Nova Scotia Department of Health as well as Dalhousie faculty and students from areas such as pharmacy, business, computer science, health services administration, nursing, and community health and epidemiology. Dalhousie's Office of Instructional Development and Technology, and Public Relations are supporting the planning process and helping to equip faculty and students alike with the tools and skills they need for education, mentoring and communication.



A workshop participant Rick Manuel at the flip chart during small group activity session.

Dr. Sketris addresses workshop participants. She is a professor in the College of Pharmacy, Dalhousie University, and a CHSRF/CIHR Chairholder.

Policy-relevant pharmaceutical management research is more critical now. The Canadian Institute for Health Information (CIHI) recently reported that Canadians are now spending more on drugs than on doctors visits - $11.3 billion per year or about one out of every six health care dollars. Dalhousie researchers, supported by this Chair, will focus on topics such as:

- the impact of co-payments, premiums and deductibles as policy instruments,
- innovative approaches to managing provincial and health organization formularies,
- optimal drug therapy practices, and
- drug prescribing improvements.

With their common goals of improved health outcomes and a financially sustainable health care system, researchers will work with pharmacare and other program managers in the health system to narrow the gap between current drug use and best practice, and to balance the risks, benefits and costs of new drug therapies. The results will also be useful for drug policy and resource allocation decision-making at both the federal and provincial levels of government.

For one aspect of her work, Dr. Sketris will be working closely with the Drug Evaluation Alliance

of Nova Scotia (DEANS), a multidisciplinary group of experts with a mission to "contribute to the health of Nova Scotians by encouraging appropriate drug use." Established and funded by the Nova Scotia Department of Health, DEANS complements and supports the Province's drug program management structures and policies.

Dr. Sketris introduced Rick Manuel whom she had seconded for six months from his policy and planning role in the Nova Scotia Department of Health. Mr. Manuel is assisting with the Chair's strategic plan and is developing approaches for the timely presentation, consideration, and uptake of research results by health policy and program decision-makers.

She acknowledged the challenges that arise from imposing an innovative and multidisciplinary approach to research on traditionally organized and aligned university and government structures. Dr. Sketris concluded her remarks by highlighting some of the ways in which Nova Scotia is uniquely positioned for success in applied health services and drug policy research:

- a history of good working relationships between government and academic sectors,
- a wealth of appropriately anonymized and usable health survey, administrative and clinical data at Dalhousie's Population Health Research Unit (PHRU), and
- a group of committed researchers across a broad range of disciplines in several of Nova Scotia's universities.

Flora Murphy provided an example of a partnership-based project between university and community. She described the partnership process and model and emphasized the partnerships developed from existing relationships between the university and communities. All partners were involved in the development and design of the project. They have developed a participatory governance model and have equal decision making power. At the same time, there is also autonomy of partners and a shared understanding of project goals.

Ms. Murphy outlined the benefits and challenges of partnership and provided some suggestions or tips for success.

Benefits: These include broadening the spectrum of ideas and knowledge and providing depth to the project. There is an increased potential for fostering relationships between the parties involved and an opportunity to explore areas for additional projects. The partnerships strengthen the potential to access funding and enables distribution of funds to a greater number of communities.

Ms. Flora Murphy, Project Manager St. Francis Xavier University, "Social Research for Sustainable Fisheries Communities" (www.stfx.ca/people/adavis/srsf). A Sociology graduate from St. Francis Xavier University, following graduation a Canadian International Development Agency international intern working in participatory research and community development in St. Lucia in the Caribbean and has been the Project Officer for the Social Research for Sustainable Fisheries (SRSF) since it commensed in February 2000. A key goal of this partnership project funded by SSHRC is to further develop and enhance Mi'kmaq and non-native fisher organization and membership collaborations

Challenges: These include addressing and recognizing the needs of all partners. Partners have varying levels of capacity and infrastructure to support the partnership. They have moved away from the principal investigator mode. The project highlighted varying approaches, histories and needs of diverse partners.

Tips For Successful Partnerships

- Involve all partners in the project development and design phases
- Recognize the project as a shared learning opportunity
- Each partner must demonstrate flexibility
- Each partner must have an equal role in project governance
- Recognize the varied contributions of each partner
- Demonstrate an understanding and consideration of each partner's background
- Support the community member partners
- Appreciate the process and the outcomes equally
- Ensure daily/weekly communication
- Geographic proximity will facilitate the partnership
- Clearly define expectations and roles
- Establish a website and/or listserver to facilitate communication.

(Flora Murphy)

Ronald Colman, PhD, Director, Genuine Progress Index Atlantic. The focus of Dr. Colman's work includes developing indicators that measuring sustainable growth and well being. Recently, he was awarded $326,000 over 3 years in funding from the Canadian Institute for Health Information for a project entitled, "Development and Application of Community Population Health Indicators".

Ronald Colman examined the challenges faced by non-profit research organizations. Some of the challenges he identified as a director of a non-profit research organization included:

1) the lack of resources to prepare proposals for non-university based researchers;
2) the traditional lack of funding allocated to Atlantic Canada, though this appears to be changing for the first time;

Dr. Colman's key message was that there is a lot of important research that needs to be

done, and that it should be done anyway, whether or not funding is made available. He indicated that often his strategy is to use other contract work to pay for core research. He suggested this creates a fourth challenge for non profit research organizations; not losing sight of the core mission and purpose. This can easily happen if you allow funding to be the sole determinant of the research and activities we engage in. Dr. Colman closed his remarks by providing an analogy of the film director, Martin Scorsese who said he made one for-the-masses-blockbuster movie for every second movie to finance the films he really wanted to make (which would not necessarily make money of big box-office hits.)

Regrets:

Renée Lyons, PhD, Director, Atlantic Health Promotion Research Centre, and Special Advisor, Canadian Institutes for Health Research. Dr. Lyons provided copies an article, Coping as a Communal Process. Journal of Social and Personal Relationships. 1998. Vol. 15 (5): 579-605 (see Appendix 8 for the Abstract).

Collaborative Health Research: Definitions and Barriers

Following the panellist presentations and discussion, the workshop participants were provided with a scenario in collaborative health research. The round table discussions focussed on the scenario and a series of questions designed to encourage participants to define an appropriate framework and process for research and capacity building (see Appendix 6). Each group discussed how collaborative health research can make a contribution to and improve traditional health research thereby contributing to the health and well-being of Nova Scotians. The suggestions and recommendations of the groups are summarized below.

Collaborative health research: What is it?

Participants defined collaborative health research as bringing together different fields of thought for an egalitarian and authentic partnership that operates throughout the full spectrum of the research process.

Collaborative health research: How is it done?

The participants indicated that although collaborative health research may not be difficult to define, it is difficult to do. In fact, the participants suggested an entire workshop could be devoted to describing the actual "doing" of collaborative health research. The process of collaboration requires a blend of issues and steps. The participants felt that research partners must have a shared vision and common interest in the subject matter. Participants also recommended that the research partners and process value diversity throughout the research process.

Participants identified the following key points:

- Identify and involve appropriate partners. An important issue in collaborative research is to empower the community or target group throughout the research process, as empowerment is a key factor in health and well-being. Participants strongly recommended involving the people most affected by the research problem throughout the research process.
- Ensure meaningful involvement of diverse ethnic groups throughout the research process.
- Ask questions relevant to the participants to motivate and sustain their involvement in the research process.
- Define the difference between collaboration and partnership.
- Select research methods appropriate to the issue and the partnership, e.g. participatory research.

Defining Collaborative Research: An Example

For funding purposes, the Social Sciences and Humanities Research Council of Canada defines partnerships as follows:

Partnerships are composed of a researcher or group of researchers affiliated with a post-secondary educational institution and an organization not affiliated with a post-secondary institution.

The partner not affiliated with a post-secondary institution can be from the public, private or non-profit sector and must have an interest in, and a strong contribution to make to, a research project or activity.

All partners are expected to contribute intellectually and to participate in research. Partners' material contributions may be either in-kind or monetary (e.g. providing use of facilities, access to expertise, networks or communities, and staff time.

(Guidelines for Building Research Partnerships, June 1999, Ottawa: SSHRC Communications Division).

Barriers

Workshop participants identified the following barriers to collaborative research:

- Time and resources— it takes longer and it is difficult to reach consensus on issues.
- Both a collaborative framework and systematic data collection and analysis are required. Both take a lot of time and neither can be compromised.
- It is important to identify the barriers for participation in research and ensure equal and representative relationships.
- Integrate theory with practice and improve the uptake and transfer of research knowledge into policy and programming decisions. A collaborative framework should involve those who contribute to policy development changes.
- It requires infrastructure– partnerships require meetings, and travel costs. Participants who are not employed as researchers at universities, are not always able to participate as volunteers.
- Receptor capacity– there must be some commitment from policy makers that the research results will be applied; this requires a solid framework that facilitates capacity building throughout the research process.
- Communication– How is the research communicated and to whom? Are messages targetted to relevant audiences in an appropriate format? Is there an effective understanding of the research process across domains? Is there sufficient funds dedicated with communications personnel for communicating research findings?

Defining Collaborative Health Research: A Summary

1. Collaborative health researchers should develop clear and transparent goals, guiding principles, and governance.
2. It is important for collaborative health researchers to determine the desired versus the necessary stakeholders.
3. Resources are very important in collaborative research as it can be more expensive. In kind contributions are valuable and essential.

Participants noted that asking the right questions is key when developing a collaborative health research framework. Is the research question the most correct question for the situation under investigation? What about the other determinants of health and interactions among them, does this result in a better question? For example, why are some populations healthier than others?

Yvonne Atwell and Sue Edmonds; from the Black Women's Health Network. Workshop participants during the small group activity.

Small Group Workshop Sessions

Workshop participants attended two out of five offered small workshops. Each session provided an opportunity to obtain current information about some of the components of collaborative health research. Some groups engaged participants in skill development activities.

Workshop Sessions:

- Literature Reviews
  Patrick Ellis, Health Sciences Librarian, Dalhousie University
- Research Ethics and Participant Recruitment
  Patricia Lindley, Human Research Ethics/ Integrity Coordinator
- Collaborative Research Models: Perils and Pearls
  Terry Mitchell, PhD, Dalhousie University
- Researchable Questions and Objectives
  Debra Kiceniuk, PhD, Researcher, Nova Scotia Provincial Health Council
- Research Uptake and Dissemination
  Janice Keefe, PhD, Mount Saint Vincent University

Collaborative Research Models: Perils and Pearls

Reflections from the field...

- build partnership development into grant proposal time lines and budgets
- begin with prior ethnography- context approach potential partners as dinner guests with grace and gratitude
- acknowledge expertise of partners
- engage partners at all stages of research
- strive to provide appropriate reciprocity

Dr. Terry Mitchell
Department of Community Health and Epidemiology
Dalhouise University

Research Ethics and Participant Recruitment

An ethics submission consists of:

- research protocol (justification for and justification of research)
- consent form(s)
- research instrument(s) (surveys, questionnaires, interview or focus group guides)
- recruitment tools (ads, flyers)
- may include grant/contract.

Patricia Lindley
Human Reseach Ethics Coordinator
Dalhousie University

Workshop Highlights and Recommendations

"....It was an excellent workshop and is exciting that the NSHRF was launched with a diversity of researchers from various communities of health researchers..."

"... the diversity and experience in the room: academic, community, government agencies, all with the common interest-improving health and well being of Nova Scotians..."

The workshop on building collaborative health research in Nova Scotia was a success. Participants were excited about the opportunities the workshop provided. The panel presentations provided a platform for experienced and new researchers to share their success stories and tips for meeting the challenges of collaborative health research. The workshop provided networking opportunities for researchers from community organizations, district health councils, government agencies, and academic institutions This range of researchers provided a wealth of experience and strengthened the commitment to conducting collaborative health research that is intended to improve the health and well-being of Nova Scotians.

Workshop participants were enthusiastic about the information they obtained and the opportunities that the workshop provided. The evaluation forms indicated that the workshop had achieved its five objectives. Including

Objective 1:
Participants will obtain information about the Nova Scotia Health Research Foundation as an example of one of several research funding agencies.

Objective 2:
Participants will learn strategies for collaborative health research.

Objective 3:
Participants will learn about what funding agencies look for when reviewing a proposal.

Objective 4:
Participants will be able to understand grant proposal procedures.

Objective 5:
Participants will develop an appreciation about some of the key components of a research application.

Objective 6:
Participants will obtain information and tips from successful researchers.

However, participants also indicated that they would like additional opportunities to gain knowledge and skills about research proposal writing and what funding agencies look for when reviewing a research proposal. The evaluation also indicated that the small group workshops provided the opportunity to exchange information and enhance skills. The small group sessions were well attended and received positive feedback. Two workshops were particularly popular including: 1) collaborative research models, and 2) writing researchable research questions. Participants indicated they wanted more opportunities to gain information and skills about these two topics in particular.

Recommendations

There is never enough time in a workshop setting for the important and necessary work needed to enhance collaborative health research in Nova Scotia. All participants indicated they would welcome similar workshops in the future to continue this vital task. Participants suggested that two-day workshops might provide an opportunity for in-depth skill development and information exchange. They suggested several potential workshop topics:

- the potential for social science collaboration on health research
- proposal writing
- how to do collaborative health research (i.e. management of the research process and projects, specific demonstrations about managing finances, hiring staff, maintaining momentum, etc.)
- information from other funding agencies.

Appendix List

1. Media Release 19
2. Workshop Participant List 20
3. Agenda 24
4. Evaluation Form 26
5. Speakers Backgrounder 28
6. Small Group Activity Scenario 30
7. Coping as a Communal Process (abstract) by Renée Lyons 31
8. Additional Resources 32

Appendix 1 Media Release

Media Release: More collaborative research needed in health field

January 31, 2001, Halifax, NS—To have a long-term impact on the health of Nova Scotians, the province needs to move to more collaborative forms of health research, participants attending a one-day workshop sponsored by the Nova Scotia Health Research Foundation concluded yesterday.

"The nature and complexity of health research has changed dramatically in the last decade. Today, health research requires a more inclusive, collaborative approach than in the past," says Krista Connell, Executive Director of the Nova Scotia Health Research Foundation.

The workshop, Capacity Building for Collaborative Health Research in Nova Scotia, brought together more than 85 participants from across the province representing health and community organizations, universities, hospitals and rural communities. Their purpose: to explore the need for greater collaborative health research.

"The response was overwhelming. Researchers, physicians, community groups all told us that the key to successful outcomes rested with involving everyone affected by the research. Working in isolation is no longer acceptable," says Dr. Carol Amaratunga, Executive Director of the Maritime Centre of Excellence for Women's Health, the organization that coordinated the workshop.

"This is the kind of initiative we need to see more of in Nova Scotia. In the evolving world of health research, the community is considered a modern research lab," says Hugh Gillis, Chair of the Board of Directors of the Nova Scotia Health Research Foundation.

Newsletter Article[1] Collaborative Research in HEALTH

To have a long-term impact on the health of Nova Scotians, the province needs to move to more collaborative forms of health research, participants attending a one-day workshop sponsored by the Nova Scotia Health Research Foundation concluded.

"The nature and complexity of health research has changed dramatically in the last decade. Today, health research requires a more inclusive, collaborative approach than in the past," says Krista Connell, Executive Director of the Nova Scotia Health Research Foundation.

The workshop, *Capacity Building for Collaborative Health Research in Nova Scotia*, brought together more than 85 participants from across the province representing health and community organizations, universities, hospitals, and rural communities. Their purpose: to explore the need for greater collaborative health research.

"The response was overwhelming. Researchers, physicians, and community groups all told us that the key to successful outcomes rested with involving everyone affected by the research. Working in isolation is no longer acceptable," says Carol Amaratunga, Executive Director of the Maritime Centre of Excellence for Women's Health, the organization that coordinated the workshop.

Sandra McFadyen, researcher at the Nova Scotia Advisory Council on the Status of Women, indicated that the workshop was one of the best research events she had attended in recent years. "Obviously, with our own commitments to inclusion and collaboration, the message of this workshop is one we can readily share."

Advisory Council on the Status of Women
Women's Writes
Volume 6, Number 1 March 2001

[1] *This article was printed in Women's Writes March 2001. Nova Scotia Advisory Council on the Status of Women. Volume 6. No. 1.*

Appendix 2 Workshop Participants

Trudy Watts
RR #1 Scotsburn
Pictou County, NS B0K 1R0

Jean McQueen
Cape Breton Wellness Centre,
University of Cape Breton
PO Box 5300
Sydney, NS B1P 6L2

Hugh Gillis
Angus L. Macdonald Library,
St. Francis Xavier University
PO Box 5000
Antigonish, NS B2G 2W5

Colleen Elliott
Nova Scotia Health Research Foundation (Board Member)
126 Burnyeat
Truro, NS B2N 4R1

Wanda Thomas Bernard
Maritime School of Social Work,
Dalhousie University
6414 Coburg Road
Halifax, NS B3H 2A7

Kara Griffin
Community Health and Epidemology,
Dalhousie University
1236 Henry Street
Halifax, NS B3H 3J5

Donald Langille
Commuity Health and Epidemiology,
Dalhousie University
1236 Henry Street
Halifax, NS B3H 3J5

Jodie McDonald
Maritime School of Social Work,
Dalhousie University
1236 Henry Street
Halifax, NS B3H 3J5

Rick Manuel
College of Pharmacy,
Dalhousie & NS Department of Health
5968 College St.
Halifax, NS B3H 3J5

Darlene Lawrence
Digby County Family Resource Centre
PO Box 163
Digby, NS B0V 1A0

Ann Gottschall
District #7 Health Authority
PO Box 1252
Antigonish, NS B2G 2L6

Flora Murphy
Social Research for Sustainable Fisheries,
St. Frances Xavier University
P.O. Box 5000
Antigonish, NS B2G 2W5

Catherine Arseneau
Health Care Human Resource Sector Council
PO Box 503
Dartmouth, NS B2Y 3V8

Lesley Ann Campbell
Psychiatry,
Dalhousie University
Rm 9422, Abby J Land Building
5909 Veteran's Memorial Lane
Halifax, NS B3H 2E2

Renee Lyons
Atlantic Health Promotion Research Centre,
Dalhousie University
1236 Henry Street
Halifax, NS B3H 3J5

Denise SommerFeld
School of Nursing,
Dalhousie University
1236 Henry Street
Halifax, NS B3H 3J5

Pat Randel
Community Health and Epidemiology,
Dalhousie University
1236 Henry Street
Halifax, NS B3H 3J5

Terry Mitchell
Community Health and Epidemiology,
Dalhousie University
5849 University Ave., Rm C-301
Halifax, NS B3H 4H7

Linda Graham
Community Health and Epidemiology,
Dalhousie University
5849 University Avenue
Halifax, NS B3H 4H7

Jane Allen
AIDS Coalition of Nova Scotia
1657 Barrinton Street, Suite 321
Halifax, NS B3J 2A1

Jim Baker
Addiction Services,
NS Department of Health
1690 Hollis Street
Halifax, NS B3J 2R8

John Odenthal
Nova Scotia Economic Development
1800 Argyle St., 7th Floor
Halifax, NS B3J 3N8

Sandra McFadyen
Nova Scotia Advisory Council on the Status of Women
202-6169 Quinpool Road
Halifax, NS B3L 4P8

Marlene MacLellan
Nova Scotia Centre on Aging,
Mount St. Vincent University
166 Bedford Highway
Halifax, NS B3M 2J6

Fran Harper
IWK Grace Health Centre
8 Clifford Drive
Dartmouth, NS B3W 1T8

Patti Dexter-Peck
Valley Regional Hospital District Health Authority 3
150 Exibition Street
Kentville, NS B4N 5E3

Tom Larder
Nova Scotia Health Research Foundation (Board Member)
Halifax, NS

Ronald Colman
GPI Atlantic, Genuine Progress Indicators
Box 489, RR #1
Tantallon, NS B0J 3J0

Deborah Grant
Canadian Breast Cancer Foundation,
Atlantic Chapter
5251 Duke Street, Suite 417
Halifax, NS B3J 1P3

Dennis Pilkey
NS Department of Finance, Director of Statistics
PO Box 187
Halifax, NS B3J 2M3

Josephine Enang
Maritime Centre of Excellence for Women's Health
PO Box 3070
Halifax, NS B3J 3G9

Joan Fraser
Heart and Stroke Foundation of Nova Scotia
5523 Spring Garden Road Ste. 204
Halifax, NS B3J 3T1

Penny Corkum
Dept of Education and Sociology,
Mount St. Vincent University
166 Bedford Highway
Halifax, NS B3M 2J6

Sotiria Tsirigotis
School of Health and Human Performance,
Dalhousie University
75 St. Margrets Bay Road
Armdale, NS B3N 1K3

Janice Keefe
Family Studies & Gerontology,
Mount St. Vincent University
166 Bedford Highway
Halifax, NS B4C 2C5

Roger Cole
Centre for Research and Development Services,
University of New Brunswick
PO Box 4400
Fredericton, NB E3B 5A3

Joan Harbison
School of Social Work
Dalhousie University

Cheryl Campbell
Addiction Services
PO Box 359
Pictou, NS B0K 1H0

Brenda Montgomery
Nova Scotia Research Foundation (Board Member)
59 Purdy Road
Deep Brook, NS B0S 1J0

Louise Smith-MacDonald
The Every Women's Centre
102 Townsend Street
Sydney, NS B1P 5E1

Arlene MacDonald
Pictou Women's Resource Centre
PO Box 964
New Glasgow, NS B2H 5K7

Jeanette Tobin
Drug Dependency Services
PO Box 896
Dartmouth, NS B2Y 3Y6

Susan Jakeman
Research, Drug Dependency Services
PO Box 896
Dartmouth, NS B2Y 3Z6

Angela Stewart
Nova Scotia School Boards Association
95 Victoria Road
Dartmouth, NS B3A 1V2

Dr. David Persaud
School of Health Services, Dalhousie University
5599 Fenwick Street
Halifax, NS B3H 1R2

Maureen Summers
Canadian Cancer Society
5826 South Street #1
Halifax, NS B3H 1S6

Murray Schwartz
QEII Health Science Centre
1278 Tower Road. Bethune Building, Rm 330
Halifax, NS B3H 2Y9

Audrey MacNevin
Department of Sociology, St. Mary's University
Halifax, NS B3H 3C3

Lori Livingston
Health and Human Performance,
Dalhousie University
1236 Henry St.
Halifax, NS B3H 3J5

Natalie Brenson-Bank
The Women's Place Resource Centre
PO Box 118
Lawrencetown, NS B0S 1M0

Katherine Cote
Addiction Services (Health District #8)
PO Box 640 115 Alexandra Street
Sydney, NS B1P 6H7

Sue Edmonds
Individual Consultant
9 Glencoe Drive
Dartmouth, NS B2X 1J2

Joel Baltzer
NS Alcohol and Gaming Authority
PO Box 545
Dartmouth, NS B2Y 3Y8

Suzanne Bailly
Drug Dependancy Services
PO Box 896
Dartmouth, NS B2Y 3Z6

Sharon Findlay-MacPhee
Nova Scotia School Boards Association
95 Victoria Road
Dartmouth, NS B3A 1V2

Bonnie Hostrawser
Canadian Cancer Society
5826 South Street #1
Halifax, NS B3H 1S5

Beverly Lawson
Family Medicine, Dalhousie University
Abby J Lane Building, 5909 Jubilee Road 8th floor
Halifax, NS B3H 2E2

Gorden Gubitz
QEII Health Science Centre
1796 Summer Street
Halifax, NS B3H 3A7

Madine Vanderplatt
Dept. of Sociology, St. Mary's University
Halifax, NS B3H 3C3

Jacqueline Gahagan
Health & Human Performance,
Dalhousie University
1236 Henry Street
Halifax, NS B3H 3J5

Ingrid Sketris
College of Pharmacy, Dalhousie University
1236 Henry Street
Halifax, NS B3H 3J5

Patricia Lindley
Human Research Ethics, Dalhousie University
Room 337, Arts & Admin. Building
Halifax, NS B3H 4H6

Chris MacDonald
Dept. of Bioethics, Dalhousie University
5849 University Avenue
Halifax, NS B3H 4H7

Kate Hemeon
5261 South Street, Apartment #2
Halifax, NS B3J 1A3

Krista Connell
Nova Scotia Health Research Foundation
1690 Hollis Street, PO Box 488
Halifax, NS B3J 2R8

Wambui Kipusi
Department of Community Services
5675 Spring Garden Road PO Box 696
Halifax, NS B3J 2T7

Yvonne Atwell
Maritime Centre of Excellence for Women's Health
PO Box 3070
Halifax, NS B3J 3G9

Carol Amaratunga
Maritime Centre of Excellence for Women's Health
PO Box 3070
Halifax, NS B3J 3G9

Bonnie Conrad
Atlantic Health and Wellness Institute
West-End Mall, Suite 14
Halifax, NS B3L 4P1

Shaleen Jones
Eating Disorders Action Group
150 Bedford Highway, Room 2614
Halifax, NS B3M 3J5

Donna Murnaghan
PEI Health Research Institute
550 University Avenue
Charlottetown, PE C1A 4P3

Siobhan Lane
Office of Research Services, Dalhousie University
Room 337, A&A Buliding
Halifax, NS B3H 4H6

Patrick Ellis
Kellogg Health Sciences Library
Main Floor, Sir Charles Tupper Building
Halifax, NS B3H 4H7

Patrick McGrath
Dalhousie University / IWK Grace Health Centre
1236 Henry Street
Halifax, NS B3H 4J1

Kit Waters
Nova Scotia Department of Justice
PO Box 7
Halifax, NS B3J 2L6

Donna Boutilier
Nova Scotia Gaming Foundation
PO Box 488
Halifax, NS B3J 2R8

Hilda A. Power
IWK Grace Health Centre
PO Box 3070
Halifax, NS B3J 3G9

Lesley Poirier
Maritime Centre of Excellence for Women's Health
PO Box 3070
Halifax, NS B3J 3G9

Barbara Cottrell
Community Researcher
2636 Windsor Street
Halifax, NS B3K 5C8

Capri Doyles
Eating Disorders Action Group
150 Bedford Highway, Room 2614
Halifax, NS B3M 3J5

Sheri Bonnar
9A Melwood Avenue
Halifax, NS B3N 1E4

Mary Jean McCarthy
UPEI School of Nursing
550 University Avenue
Charlottetown, PE C1A 4P3

Appendix 3 Agenda

Nova Scotia Health Research Foundation Workshop
Capacity Building for Collaborative Health Research in Nova Scotia
January 30, 2001
Westin Nova Scotian

Detailed Agenda

8:30 Registration

9:00 Welcome
- Krista Connell, Executive Director Nova Scotia Health Research Foundation
- Dr. Hugh Gillis, Opening Remarks

9:20 Facilitator Introductions- Lori Livingston & Jacqueline Gahagan
- Objectives & Agenda Review
- Introductions

9:40 Collaborative Research Panel:
Challenges and Opportunities for Improving Nova Scotians' Health
Chair, Carol Amaratunga, Ph.D,
Executive Director, Maritime Centre of Excellence for Women's Health

Panelists (10 minute presentations):

Ms. Flora Murphy
Project Manager, "Social Research for Sustainable Fisheries"
St. Francis Xavier University, Community Alliance Research Program

Ronald Colman, Ph.D
Director, Genuine Progress Index Atlantic

Patrick J. Mc Grath, Ph.D
Professor of Psychology, Pediatrics, Psychiatry and Biomedical Engineering
Dalhousie University Psychologist, IWK Grace Health Centre, Halifax

Renée Lyons, Ph.D **(Regrets)**
Director, Atlantic Health Promotion Research Centre
and Special Advisor, Canadian Institutes for Health Research

10:45 Coffee Break

11:00 Small Group Activity

12:00 Small Group- Report back

12:30 Lunch

1:30	Development Grant Proposal Procedures - Krista Connell
2:00-3:00	Workshop I
3:00	Nutrition Break
3:15-4:15	Workshop II
4:20	Evaluation and Closure **Door Prize Draws**
5:00-6:00	Networking Wine & Cheese

Workshops

Literature Reviews- *Patrick Ellis,* Health Sciences Librarian, Dalhousie University

Ethics & Participant Recruitment- *Patricia Lindley,* Human Research Ethics/Integrity Coordinator

Collaborative Research Models & Methods- *Dr. Terry Mitchell,* Dalhousie University

Researchable Questions & Objectives- *Dr. Debra Kiceniuk,* Researcher, Provincial Health Council

Research Uptake & Dissemination- *Dr. Janice Keefe,* Mount Saint Vincent University

Appendix 4 Evaluation Form

Capacity Building for Collaborative Health Research in Nova Scotia
Invitational Workshop
January 30, 2001
Westin Nova Scotian

EVALUATION

The workshop objectives are listed below. Please indicate to what degree you feel each objective was met.

1. Participants will obtain information about the Nova Scotia Health Research Foundation as an example of one of several health research funding agencies.

   Not at all met 1 2 3 4 5 6 Completely met

2. Participants will learn strategies for collaborative health research.

   Not at all met 1 2 3 4 5 6 Completely met

3. Participants will learn about what funding agencies look for when reviewing a research proposal

   Not at all met 1 2 3 4 5 6 Completely met

4. Participants will be able to understand grant proposal procedures.

   Not at all met 1 2 3 4 5 6 Completely met

5. Participants will develop an appreciation about some of the key components of the research application.

   Not at all met 1 2 3 4 5 6 Completely met

6. Participants will obtain information and tips from successful researchers.

   Not at all met 1 2 3 4 5 6 Completely met

2. What do you think were the strengths of the workshop?

3. What do you think were the weaknesses of the workshop?

4. Are there topics that should have been addressed but were not? Please be specific.

5. Do you have suggestions for future workshops?

6. Would you be interested in attending additional workshops in the future?

7. Would you suggest individuals or colleagues who might be interested in future workshops?

Name	Contact Info (Organization, email,telephone)

8. What were the highlights of today's session for you?

9. Please use the space below or a separate sheet for your additional comments.

Name (optional) _____

Please return this form before leaving or by fax: (902) 420-6752.

Appendix 5 Speaker Biographical Information

Dr. Hugh Gillis

Hugh is Chair of the Foundation's Board of Directors. In this capacity, he provides effective liaison between the Board and the Foundation's Executive Director and is instrumental in facilitating policy development for the organization.

Recently Hugh served as Academic Vice President of St. Francis Xavier University for five years, where he is also a member of the Department of Chemistry. Prior to joining, the Antigonish-based university, Hugh was a Senior Research Officer with the National Research Council in Halifax.

Hugh graduated summa cum laude from St. FX with a B.Sc. in chemistry then went on to receive his Ph.D. in physical chemistry from Notre Dame University in Indiana. He then went on to a Postdoctoral Fellowship in the Radiation Chemistry Group at the University of Leeds in London. In recognition of his contribution to the field of chemistry, Hugh was elected a Fellow of the Chemical Institute of Canada in 1981.

Krista Connell

Krista is the first Executive Director of the Nova Scotia Health Research Foundation. In this capacity, she is charged with guiding and developing the organization so that its strategic objectives are met and providing the leadership and direction that will ensure the effective and efficient operation of the Foundation. Prior to joining the NSHRF, Krista was the Manager, Special Services Unit with the Workers' Compensation Board of Nova Scotia. While there, Krista developed the Board's first comprehensive program for injured workers with chronic pain. Krista graduated with a degree in physiotherapy from Dalhousie University and received her Masters of Health Services Administration from the University of Alberta.

Dr. Carol Amaratunga

Dr. Carol Amaratunga is the Executive Director of the Maritime Centre of Excellence for Women's Health, and serves as an ex officio member of the Steering Committee. In addition, she holds an academic appointment at Dalhousie University as Associate Professor Research, in Office of the Dean, Faculty of Health Professions. Carol has extensive experience in women's health research, training, and gender mainstreaming in rural health, agriculture and fisheries sectors. Her research interests focus on social and economic inclusion of "forgotten" populations, specifically women, children and families who live in disadvantaged circumstances. As an adult educator and public servant for 16 years, she designed and delivered policy research and training programs for provincial, federal and international civil services. She currently serves on the Nova Scotia Health Research Foundation Board of Directors. She served on the senior management team of the Nova Scotia Commission on Drug Dependency, NS Department of Health, and more recently with the International Centre for Ocean Development as Director of the Interregional and Cooperative Activities Division and Chair of the Gender Committee. She also worked in the private sector as co-owner of an international development firm that specialized in the field of gender and development (GAD). Her research and policy clients included the Canadian International Development Agency (CIDA), the International Institute for Sustainable Development (IISD), Foreign Affairs Canada, the World Bank, CONICIT - InterAmerican Development Bank among other bilateral and multilateral agencies. Carol has five years of residential field research experience in coastal Africa and Asia during which time she worked for the Food and Agriculture Organization, United Nations, as Program Manager and gender advisor for the Women's Bureau, Sri Lanka.

Dr. Patrick J. McGrath

Dr. Patrick McGrath is Professor of Psychology, Pediatrics, Psychiatry and Biomedical Engineering at Dalhousie University and a psychologist at the IWK Grace Health Centre Pain Service in Halifax Nova Scotia. He is currently supported by a Canadian Institutes of Health Research Distinguished Scientist Award.

Dr. Ronald Colman

Dr. Ronald Colman is director of GPI Atlantic, a non-profit research group that is constructing an index of well-being and sustainable development for Nova Scotia, consisting of 20 social, economic and environmental components, as a pilot project for Canada. Dr. Colman has recently authored several population health reports, including *Women's Health in Atlantic Canada, The Cost of Obesity in Nova Scotia,* and *The Cost of Tobacco in Nova Scotia,* as well as studies on the economic value of voluntary work and of unpaid household work, and on other social and environmental indicators of well-being. He sits on the sustainable development indicators steering committee of the National Round Table on the Environment and the Economy and the Commonwealth Secretariat Health Indicators Working Group of Health Canada.

Dr. Ingrid S. Sketris

Dr. Sketris is a Professor of the College of Pharmacy and School of Health Services Administration, and an Associate Professor of the Department of Community Health and Epidemiology, Dalhousie University. She is a graduate of the University of Toronto (BSc(Phm), 1977), University of Minnesota (PharmD, 1979), University of Tennessee, Centre for Health Sciences (Residency in Clinical Toxicology / Pharmacy Practice, 1980) and Dalhousie University (MPA(HSA) 1989). She is a fellow of the Canadian Society of Hospitals Pharmacists and the American College of Clinical Pharmacy. Dr. Sketris is currently on the Editorial Boards of the Canadian Journal of Clinical Pharmacology, Clinical Therapeutics, and Drugs and Therapeutics for Maritime Practitioners. Dr. Sketris was a member of the Scientific Advisory Panel of the Canadian Coordinating Office for Health Technology Assessment from 1996-1998. She was appointed member of the Patented Medicine Prices Review Board in May 1999.

Dr. Sketris's research interests include examining the impact of changes in Pharmacare policy and the use of drugs and health services particularly related to the population of Nova Scotia. In June 2000, Dr. Sketris received a Chair in health services and nursing research from the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR) cosponsored by the Nova Scotia Health Research Foundation. This Chair will allow Dr. Sketris and her team to develop drug use management tools and to evaluate drug policy.

Ms. Flora Murphy

Ms. Murphy is a Sociology graduate from St. Francis Xavier University, following graduation a Canadian International Development Agency international intern working in participatory research and community development in St. Lucia in the Caribbean and have been the Project Officer for the Social Research for Sustainable Fisheries (SRSF) since it commenced in February 2000.

Dr. Renée Lyons

Dr. Renée Lyons is Director and Professor of the Atlantic Health Promotion Research Centre (AHPRC) at Dalhousie University and has appointments in the School of Health and Human Performance and the Department of Psychology. She is also Special Advisor to the President of the Canadian Institutes for Health Research (CIHR).

Dr. Lyons was scheduled to speak, but sent her regrets due to inclement weaher. She provided an article for all participants (see Appendix 8 for details)

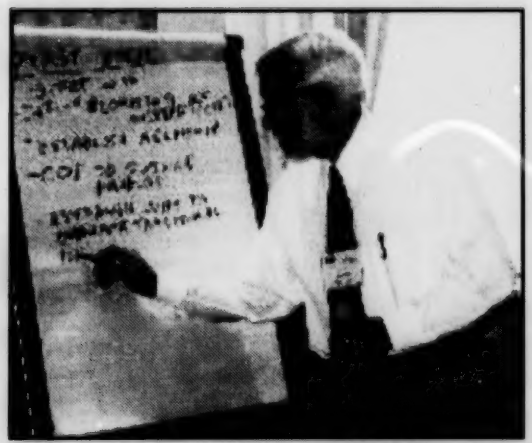
Appendix 6 Small Group Activity Scenario

Scenario

"That Race or visible minority status is a principle determinant of access to social status and resources, personal identity, and mortality and morbidity in North America is consistent with a sociological tradition that stresses the significance of social inequality as the primary source of differential distributions of health and well-being. Although racism has been a long-standing preoccupation in political, ethical and social science discourse, health researchers have only recently begun to investigate its effects on individual well-being.

Your group has been asked to develop a framework for a collaborative health research project that address the issues of discrimination and emotional well being among recent immigrants to Nova Scotia. On the flip chart paper please briefly answer some of the questions:

1) How does your group define collaborative health research?
2) Was it difficult to come to a consensus on the definition?
3) How does capacity building fit with your definition of collaborative health research?
4) What are the first steps your group would take in developing a collaborative health research framework for the issue described and why?
5) What and who needs to be included in this framework and why?
6) Based on your group discussions, what are the top 3 issues your group felt needed to be addressed in developing a framework?
7) How can a collaborative health research approach to this issue improve health in ways that non-collaborative health research may not be able to?



Mr. Denis Pilkey, Department of Finance, Province of Nova Scotia.

Workshop on Writing Researchable Questions

The aim of this workshop was to enable participants to draw on their own experiences to develop a research question on a topic of interest to them. The participants were first introduced to the process by which research is conducted and how/where the question is formulated within that framework. Each participant was presented with a workbook to guide them through a process of developing a question. The process for developing a research question or hypothesis was presented in the workbook in a step-wise manner. The participants were first asked to choose a topic and then, through a process of steps, they were asked to narrow the topic to a refined question. Other concepts that were presented included conceptualization and operationalization, and issues surrounding quantitative and qualitative research paradigms.

Deborah Kiceniuk, PhD

Appendix 7 Coping as a Communal Process - Abstract

Lyons, Renee[2] K. Mickelson, M. Sullivan, J. Coyne. Coping as a Communal Process. Journal of Social and Personal Relationships. 1998. Vol. 15 (5): 579-605

This paper argues for a substantial re-conceptualization of coping. The strong focus on emotional distress as the marker of copying efforts has masked the importance of social functions, processes and outcomes in coping with life stress, particularly the role of communal coping. communal coping is a cooperative problem-solving process salient in coping with both individual and collective stressors. It involves the appraisal of a stressor as 'our' issue and cooperative action to address it. Beyond its important role in coping, communal coping is endemic to notions of social integration, interdependence and close relationships, and may underlie the resilience of families and other social units dealing with stressful life events. The authors present a framework that distinguishes communal coping from other individual and social coping processes. We also provide an analysis of benefits and costs of communal coping, a discussion of key factors in its utilization, and suggestions for further research on the functioning of communal coping in contemporary society.

[2] Dr. Lyons was scheduled to speak as a panelist but was unable to attend due to inclement weather.

Appendix 8 Additional Resources

"Basic Elements of Grant Writing", Corporation for Public Broadcasting, at http://www.cpb.org/grants/grantwriting.html

"Beginners Guide to the Research Proposal: Common Pitfalls", at "http://www.health.ucalgary.ca/bob/pitfalls.htm" http://www.health.ucalgary.ca/bob/pitfalls.htm.

"Beginners Guide to the Research Proposal: Part 1" at http://www.health.ucalgary.ca/bob/prop_ele.htm provides general proposal writing tips and "Part 2" at http://www.health.ucalgary.ca/bob/prop_el2.htm.

"Brainstorming; Procedures and Method Guidelines", at cn.org/ip/cds/cmp/brainsto.htm" http://www.scn.org/ip/cds/cmp/brainsto.htm.

"Collaborative Relationships" from the Community Partnership Toolkit of the W.K. Kellogg Foundation at http://www.wkkf.org/documents/cct/secd/cptoolkit/Sec3-Collaborative.htm.

"Dealing with Short Deadlines" at http://www.research/umich.edu/research/proposals/proposal_dev/pwg/pwgdeadlines.html.

"Elements of a Grant Proposal", at http://www.silcom.com/~paladin/promaster.html

"Guide for Writing a Funding Proposal: Proposal Writing Hints", at http://www.learnerassociates.net/proposal/hintsone.htm.

"Hints for Preparing Funding Proposals", at http://www.science.iupui.edu/wilson/GrantSk.IUPUI.html.

"Proposal Writing", *A Guide to Proposal Planning and Writing*, at ess.com/miner.htm" http://www.oryxpress.com/miner.htm.

"Revision checklist and editing guidelines", at http:// www.gmu.edu/departments/writingcenter/handouts/check.html.

"Systematic Reviews on the Web" at u/workshop.htm" http://www.mcms.dal.ca/gorgs/phru/workshop.htm.

"The Statement of Need", *A Proposal Writing Short Course, Part 1*, at http://fdncenter.org/onlib/shortcourse/prop1.html.

"You lost me in the third paragraph: A guide to gracious criticism", at http://www.gmu.edu/departments/writingcenter/handouts/eiphand.html.

A Proposal Writing Short Course by the Foundation Center, at /prop1.html" http://fdncenter.org/onlib/shortcourse/prop1.html

Austin, J.E. 2000. *The Collaboration Challenge.* San Francisco: Jossey-Bass Publishers.

Brill, Naomi. 1976. *Team-work: Working together in the human services.* Philadelphia: J.B. Lippincott Company.

Communications Primer (November 1998), at http://www.chsrf.ca/english/document-library/communicationsprimer.pdf.

EPA Grant-Writing Tutorial, at p://www.epa.gov/seahome/grants.html" http://www.epa.gov/seahome/grants.html.

Health Transition Fund, Health Canada, "National Synthesis and Dissemination Strategy", at http://www.hc-sc.gc.ca/htf-fass/english/subjectareas_e.htm.

Issues in Linkage and Exchange Between Researchers and Decision Makers: Summary of a workshop convened by the Canadian Health Services Research Foundation, Montreal, at: glish/document_library/issues-researchers-decision-makers.pdf" http://www.chsrf.ca/english/document_library/issues-researchers-decision-makers.pdf.

Locke, L.R., W.W. Spirduso, and S.J. Sliverman. 1987. *Proposals That Work.* Newbury Park: Sage Publications.

Lomas, Jonathan. 1997. *Improving Research Dissemination and Uptake in the Health Sector: Beyond the Sound of One Hand Clapping.* Hamilton: McMaster University Centre for Health Economics and Policy Analysis, Policy Commentary C97-1.

Lomas, Jonathan. 2000. "Using 'linkage and exchange' to move research into policy at a Canadian foundation". Health Affairs, Vol. 19, No. 1, pp. 236-40. At: http://www.projhope.org/HA/bonus/lomas.pdf

Mattessich, Paul and Barbara Monsey. 1992. *Collaboration: What Makes It Work.* St. Paul, Minnesota: Amherst H. Wilder Foundation.

Miner, J.T. and L.E. Miner, "Proposal Planning", A Guide to Proposal Planning and Writing", at http://www.oryxpress.com/miner.htm.

Schumacher, Dorin. 1992. *Get Funded! A practical guide for scholars seeking research support from business.* Newbury Park, CA: Sage Publications.

Social Science and Humanities Research Council (SSHRC). June 1999. *Guidelines for Building Research Partnerships.* Ottawa: SSHRC.

The Art of Grantmanship by Jacob Kraicer, at http://www.med.uwo.ca/physiology/courses/survivalweby3/grantsmanship/content.htm

Thompson, Pamela and Sylvie Stachenko. 1994. "Building and mobilizing partnerships for health: a national strategy". *Health Promotion International* Vol. 9, No. 3, pp. 211-215.

W.K. Kellogg Foundation, *Evaluation Handbook*, at http://www.wkkf.org/Documents/ PhilVol/EvalHandbook.pdf.

Winer, Michael and Karen Ray. 1994. *Collaboration Handbook: Creating, sustaining and enjoying the journey.* St. Paul, Minnesota: Amherst W. Wilder Foundation.